

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CORAL DYEING

27220135-1

1. MONTH OF DECEMBER 1, 2008 THRU DECEMBER 31, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 7. | Are there any parameters which have exceeded Local Limits? | <input type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Coral Dyeing

27220135

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 1/22/09 Date sent to user _____Date due back _____ Reviewer c.g.m.

Second review comments on deficiencies _____

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

JAN 20 2009

NAME: CORAL DYEING & FINISHING CORP.MAILING ADDRESS: 555 EAST 31ST STREET PATERSON, NJ 07509FACILITY LOCATION: 555 EAST 31ST STREET PATERSON, NJ 07509CATEGORY & SUBPART: 410OUTLET #: 1CONTACT OFFICIAL: DINA SPENCETELEPHONE: 973 278-0272NEW CUSTOMER ID / OUTLET ID: 27220135 - 1 OLD OUTLET DESIGNATION: 27400050

MONITORING PERIOD

Start		
12	1	08
MO	DAY	YR

End		
12	31	08
MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

1160884

Total Flow-gal/day

11,60912,770Method Used: READING FROM FLOW METERNUMBER OF DAY WORKED: 21

Production Rate (if applicable)

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMPI/GRAB
		MON AVG	MAXIMUM	UNITS		
COPPER	Sample Measurement	<u>1.225</u>			<u>1</u>	<u>COM</u>
	Permit Requirement			MG/L		
ZINC	Sample Measurement	<u>0.0123</u>			<u>1</u>	<u>COM</u>
	Permit Requirement			MG/L		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Sample Measurement					
	Permit Requirement					

PVSC FORM MR-1 REV: 4 6/87 P 1

PRETREATMENT MONITORING REPORT

JAN 20 2009

Certification of Non-Use if applicable (use additional sheets):

We have been certified for non-use of the following metals:

Lead, Cadmium, Nickel and Mercury

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used: We are in compliance for the following metals:

Copper and Zinc

Explain Method for preserving samples:

4*c with nh_3 and Ph below 2

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal
Executive or Authorized Agent

DINA SPENCE - Controller

Type Name and Title



Date

N. J. TELEPHONE
(973) 278-0272
(973) 278-0276

N. Y. C. TELEPHONE
(212) 736-4364
FAX NUMBER
(973) 278-9490

Coral Dyeing & Finishing Corp.

555 EAST 31ST STREET
POST OFFICE BOX 2067
PATERSON, NEW JERSEY 07509

1/19/2009

PASSAIC VALLEY SEWERAGE
600 WILSON AVE.
NEWARK, NJ 07105
TEL.: 973-817-5714
FAX: 973-344-4876

Dear Bruce,

As of today I did not receive water bill for the month of December 2008.

Reading from water meter:

11/30/2008	680487
12/31/2008	714794

	34307

Total water consumption for December 2008 **34307**

Thank you.

Yours truly,
Dina Spence - Controller



QC Laboratories

Analytical Report



DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
PO BOX 2067
PATERSON, NJ 07509

Regarding:

DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
PO BOX 2067
PATERSON, NJ 07509

Account No: AW0150, CORAL DYEING & FINISHING CORPORATION
Project No: AW0150, CORAL DYEING & FINISHING CORPORATION

P.O. No:
PWSID No:

Inv. No: 1031051

Sample Number L2828997-1
Sample Description EFFLUENT COMPOSITE
Received Temp: 37 F Iced (Y/N): Y

Samp. Date/Time/Temp 12/03/08 10:00am NA F
Sampled by Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CADMIUM	EPA 200.8	ND mg/l	0.00400 mg/l	12/12/08 01:26PM GJH
COPPER	EPA 200.8	0.225 mg/l	0.00400 mg/l	12/12/08 01:26PM GJH
NICKEL	EPA 200.8	ND mg/l	0.00400 mg/l	12/12/08 01:26PM GJH
LEAD	EPA 200.8	0.00490 mg/l	0.00400 mg/l	12/12/08 01:26PM GJH
ZINC	EPA 200.8	0.123 mg/l	0.0200 mg/l	12/12/08 01:26PM GJH
MERCURY	EPA 245.1	ND mg/l	0.000200 mg/l	12/10/08 08:40PM CMC
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	60.9 mg/l	31.0 mg/l	12/04/08 08:03PM GAP
TOTAL SUSPENDED SOLIDS	SM 2540D	33.3 mg/l	2.00 mg/l	12/08/08 09:45AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
 - Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count
 - A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
 - All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
 - The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
 - Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
 - QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.
 - QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
 - All samples are collected as "grab" samples unless otherwise identified.
 - MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
 Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Thomas J. Hines
Thomas J. Hines, President

QC Laboratories 1205 Industrial Blvd. Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231		CHAIN OF CUSTODY Page _____ of _____ Bill to/Report to: (if different) _____ Sampling Site Address: (if different) _____ City/State/Zip _____ Phone/Fax _____ Client Contact _____ P.O. No. _____ QC Contact _____		Lab LIMS No: <u>L2828997</u> LAB USE ONLY: # _____ Ascorbic/HCl Vials # _____ HCl Vials # _____ Na ₂ S ₂ O ₃ # _____ Na OH/Zn acetate pH # _____ HNO ₃ pH <u>12.12</u> # _____ H ₂ SO ₄ pH # _____ NaOH pH # _____ Unpreserved # _____ HCl pH # _____ Temp. control ID# <u>3755321</u> ANALYSIS REQUESTED <u>BOVINE COLONY Hg/Mg</u> <u>PB 755321</u>		MATRIX CODES DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SO: SOIL SL: SLUDGE OIL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.	
PROJECT FIELD ID <u>EXPERIMENTAL DISCHARGE</u> <u>2308</u>		Collection Date: <u>8/23/08</u> Military Time: <u>1100</u> Matrix Code: <u>1100</u> Number of Containers Total: <u>1</u>		Report Format: <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NJ Reduced <input type="checkbox"/> Disk		Field Parameters Analyzed By: Sig: _____ Date/Time: _____	
SAMPLED BY: (Name/Company) <u>S/SCA</u> <u>C/PAK</u>		Verbal/fax data due: _____ Hardcopy due: _____ Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.		DELIVERY METHOD: <input type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER		Custody Stamp Number: <u>12/03/08</u>	
SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)		RECEIVED BY		DATE		TIME	
1. <u>S/SCA</u>		<u>[Signature]</u>		<u>8/23/08</u>		<u>1100</u>	
2. <u>[Signature]</u>		<u>[Signature]</u>		<u>8/23/08</u>		<u>1100</u>	
3. <u>[Signature]</u>		<u>[Signature]</u>		<u>8/23/08</u>		<u>1100</u>	
4. <u>[Signature]</u>		<u>[Signature]</u>		<u>8/23/08</u>		<u>1100</u>	
5. <u>[Signature]</u>		<u>[Signature]</u>		<u>8/23/08</u>		<u>1100</u>	
COMMENTS:		<u>380F/A+G12/12</u>					
Hazardous: yes / no		<u>yes / no</u>					
For example to aid completion, see reverse side.							

ROT DOWN BOX

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: CORAL DYEING
 FILING ADDRESS: _____
 FACILITY LOCATION: _____
 CATEGORY & SUBPART _____ PERMIT #: _____ OUTLET #: 27220135-1
 CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Lead	<input checked="" type="checkbox"/>	Zinc	<input type="checkbox"/>
Mercury	<input checked="" type="checkbox"/>	Molybdenum	<input type="checkbox"/>
Nickel	<input checked="" type="checkbox"/>		

SAMPLE DATE			
MONTH	DAY	YEAR	
12	03	08	

METER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
CADMIUM	Sample Measurement	< 0.004	n	mg/l	Comp.
	Threshold Value	0.005		1	
LEAD	Sample Measurement	0.0049	n	mg/L	comp.
	Threshold Value	0.029		1	
MERCURY	Sample Measurement	< 0.0002	n	mg/L	comp.
	Threshold Value	0.001		1	
NICKEL	Sample Measurement	< 0.004	n	mg/L	comp.
	Threshold Value	0.02		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
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	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

/SC Form MR-3 10/96